

INTERNSHIP PREAPPROVAL FORM

Global Learning Dept. use only.

GL Advisor Initials: _____

- All WSU students who want to receive academic credit for an international internship abroad must complete and submit this form to the Global Learning Department as part of the education abroad application process.
- Students who do not wish to earn academic credit for an international internship do not need to complete this form, but instead are required to register with the International Travel Registry <http://ip.wsu.edu/global-learning/travel-registry.html>.
- Please contact Global Learning at 509-335-6204 or ip.globallearning@wsu.edu for questions.

Student Name: _____ Student WSU ID#: _____

Student Email: _____ Term/Year of Internship: _____

Major(s): _____ Minor(s): _____

Academic Advisor's Name: _____ Global Learning Advisor's Name: _____

Please complete either Section A or Section B below:

Section A: I will be receiving academic credit through receipt of an official transcript from an accredited foreign university, or a transcript from a school of record in the United States. Note: all education abroad transcripts must be processed by Global Learning. If you plan to apply internship credit taken abroad toward your WSU degree, please see your academic advisor. Your academic advisor must complete the following information:

Internship Title/Description	Internship Program Provider/Institution	Degree Requirement Fulfilled	Number of Academic Credits	Contact Hours Required	Advisor: Notes/Additional Requirements

My signature indicates that the above internship will satisfy the listed requirements.

Major or Minor Dept. Advisor's signature

Date

Student signature

Date

Section B: I will be receiving academic credit by enrolling in WSU internship credit within my academic major or minor department, with permission and oversight from a faculty member within the designated department. If you would like to receive credit for an internship that does not provide an official international transcript or have a U.S. school of record, then you will need to work with your academic department and faculty within the department to explore options for getting credit.

Faculty of Record	Internship Title or Description	WSU Course #	Degree Requirement Fulfilled	Number of Academic Credits	Contact Hours Required	Notes/Additional Requirements

My signature indicates that the above internship will satisfy the listed requirements.

Faculty of Record's Name

Major or Minor Dept. Advisor's signature

Date

Faculty of Record's signature

Date

Student signature

Date

Revised: March 29, 2019

